

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1		1			51			
2			2		52				
3	6		4		53				
4	6		4		54				
5					55				
6	3		1		56				
7	3		1		57				
8	3		1		58				
9	3		1		59				
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41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.					TOTAL IND.				
TOTAL DEP.					TOTAL DEP.				
TOTAL CLAIMS					TOTAL CLAIMS				